

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JUN 13 '90

| |
|---|
| WELL API NO. 30-015-26384 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. L-7010 |
| 7. Lease Name or Unit Agreement Name OXY STATE |
| 8. Well No. 1 |
| 9. Pool name or Wildcat WILDCAT |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3226' GR |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

| | |
|---|---|
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator CHI OPERATING, INC |
| 3. Address of Operator P. O. BOX 1799, MIDLAND, TX 79702 | 4. Well Location Unit Letter K : 1890 Feet From The WEST Line and 1980 Feet From The SOUTH Line Section 9 Township 21S Range 26E NMPM EDDY County |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: CHANGE NAME ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

To change name of well from Wiser-Com to the Oxy State #1.

Post ID-3 & 1
6-15-90
chg well name

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David H. Harrison TITLE PRESIDENT DATE 06/12/90
TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO. (915) 685-5001

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE SUPERVISOR DATE JUN 13 1990

CONDITIONS OF APPROVAL, IF ANY: